
State of Washington

**Behavioral Risk Factor Surveillance System
Questionnaire
1998**

Washington State Department of Health
Center for Health Statistics
and
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Adult and Community Health
Behavioral Surveillance Branch

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Washington State Department of Health
Center for Health Statistics

1998 Behavioral Risk Factor Surveillance System Questionnaire

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Section 1: Health Status

1. Would you say that in general your health is: (35)

Please Read

- | | |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good | 3 |
| d. Fair | 4 |
| or | |
| e. Poor | 5 |

Do not read these responses

- | | |
|---------------------|---|
| Don't know/Not Sure | 7 |
| Refused | 9 |

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (36-37)

- | | |
|---------------------|-------------------|
| a. Number of days | |
| b. None | <u>8</u> <u>8</u> |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (38-39)

- | | |
|--|-------------------|
| a. Number of days | |
| b. None If Q2 also "None," go to Q5 | <u>8</u> <u>8</u> |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (40-41)

- | | |
|---------------------|-------------------|
| a. Number of days | |
| b. None | <u>8</u> <u>8</u> |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

Section 2: Health Care Access

5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (42)

- | | | |
|----|--------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q7a | 2 |
| | Don't know/Not sure Go to Q10 | 7 |
| | Refused Go to Q10 | 9 |

6. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you have Medicare? (43)

- | | | |
|----|----------------------|---|
| a. | Yes Go to Q10 | 1 |
| b. | No | 2 |
| | Don't know/not sure | 7 |
| | Refused | 9 |

7. What type of health care coverage do you use to pay for most of your medical care? (44-45)

- | Is it coverage through: | Coverage Code | — — |
|------------------------------------|---|-----|
| Please Read | | |
| a. | Your employer Go to Q8 | 0 1 |
| b. | Someone else's employer Go to Q8 | 0 2 |
| c. | A plan that you or someone else buys on your own Go to Q8 | 0 3 |
| d. | Medicare Go to Q10 | 0 4 |
| e. | Medicaid or Medical Assistance Go to Q8 | 0 5 |
| f. | The military, CHAMPUS, TriCare, or the VA or CHAMP-VA Go to Q8 | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service] Go to Q8 | 0 7 |
| | or | |
| h. | Some other source (Specify) Go to Q8 | 0 8 |
| Do not read these responses | | |
| | None Go to Q9 | 8 8 |
| | Don't know/Not sure Go to Q8 | 7 7 |
| | Refused Go to Q8 | 9 9 |

- 7a. There are some types of coverage you may not have considered. Please tell me if you have any of the following: Coverage through: (46-47)

IF NEEDED: If more than one, ask "Which type do you use to pay for most of your medical care?"

Please Read:

- | | | |
|----|---|-----|
| a. | Your employer | 0 1 |
| b. | Someone else's employer | 0 2 |
| c. | A plan that you or someone else buys on your own | 0 3 |
| d. | Medicare Go to Q10 | 0 4 |
| e. | Medicaid or Medical Assistance | 0 5 |
| f. | The military, CHAMPUS, TriCare, or the VA | 0 6 |
| g. | The Indian Health Service [or the Alaska Native Health Service] | 0 7 |
| | or | |
| h. | Some other source (Specify) | 0 8 |

Do not read these responses

- | | |
|--------------------------------------|-----|
| None Go to Q9 | 8 8 |
| Don't know/Not sure Go to Q10 | 7 7 |
| Refused Go to Q10 | 9 9 |

8. During the past 12 months, was there any time that you did not have any health insurance or coverage? (48)

- | | | |
|----|--------------------------------------|---|
| a. | Yes Go to Q10 | 1 |
| b. | No Go to Q10 | 2 |
| | Don't know/Not sure Go to Q10 | 7 |
| | Refused Go to Q10 | 9 |

9. About how long has it been since you had health care coverage? (49)

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past 6 months (1 to 6 months ago) | 1 |
| b. | Within the past year (6 to 12 months ago) | 2 |
| c. | Within the past 2 years (1 to 2 years ago) | 3 |
| d. | Within the past 5 years (2 to 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | Don't know/Not sure | 7 |
| | Never | 8 |
| | Refused | 9 |

10. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (50)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

11. About how long has it been since you last visited a doctor for a routine checkup? (51)

IF NEEDED: A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 5 years (2 to 5 years ago) | 3 |
| d. | 5 or more years ago | 4 |
| | Don't know/Not sure | 7 |
| | Never | 8 |
| | Refused | 9 |

Section 3: Diabetes

12. Have you ever been told by a doctor that you have diabetes? (52)
If "Yes" and female, ask "Was this only when you were pregnant?"

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | Yes, but female told only during pregnancy Go to next section | 2 |
| c. | No Go to next section | 3 |
| | Don't know/Not sure Go to next section | 7 |
| | Refused Go to next section | 9 |

13. How old were you when you were told you have diabetes?

- | | | |
|-------------------------------------|---------------------|-----------------------------------|
| Code age in years [76=76 and older] | | |
| | Don't know/Not sure | $\overline{7} \quad \overline{7}$ |
| | Refused | 9 9 |

14. Are you now taking insulin?

- | | | |
|----|----------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q. 16 | 2 |
| | Refused Go to Q. 16 | 9 |

15. Currently, about how often do you use insulin?

- | | | | | |
|----|---------------------|---|---|---|
| a. | Times per day | 1 | — | — |
| b. | Times per week | 2 | — | — |
| c. | Use insulin pump | 3 | 3 | 3 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

16. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- | | | | | |
|----|---------------------|---|---|---|
| a. | Times per day | 1 | — | — |
| b. | Times per week | 2 | — | — |
| c. | Times per month | 3 | — | — |
| d. | Times per year | 4 | — | — |
| e. | Never | 8 | 8 | 8 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

17. Have you ever heard of glycosylated hemoglobin [gli-KOS-ilated HE-mo-glo-bin] or hemoglobin "A one C"?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

18. About how many times in the last year have you seen a doctor, nurse, or other health professional for your diabetes?

- | | | | |
|----|---------------------------------------|---|---|
| a. | Number of times | — | — |
| b. | None Go to Q 21 | 8 | 8 |
| | Don't know/Not sure Go to Q 21 | 7 | 7 |
| | Refused Go to Q 21 | 9 | 9 |

If "No," "Dk/Ns," or "Refused" to Q. 17, go to Q. 20.

19. About how many times in the last year has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?

- | | | | |
|----|---------------------|---|---|
| a. | Number of times | — | — |
| b. | None | 8 | 8 |
| | Don't know/Not sure | 7 | 7 |
| | Refused | 9 | 9 |

20. About how many times in the last year has a health professional checked your feet for any sores or irritations?

- | | | | |
|----|---------------------|---|---|
| a. | Number of times | | |
| b. | None | 8 | 8 |
| | Don't know/Not sure | 7 | 7 |
| | Refused | 9 | 9 |

21. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past month (0 to 1 month ago) | 1 |
| b. | Within the past year (1 to 12 months ago) | 2 |
| c. | Within the past 2 years (1 to 2 years ago) | 3 |
| d. | 2 or more years ago | 4 |
| e. | Never | 8 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 4: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

22. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (53)

- | | | |
|----|---------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q 32 | 2 |
| | Don't know/Not sure Go to Q 32 | 7 |
| | Refused Go to Q 32 | 9 |

23. What type of physical activity or exercise did you spend the most time doing during the past month? (54-55)

- | | | |
|---------------------------------------|--------------------------|-------|
| Activity (specify): | _____ | _____ |
| | See coding list A | |
| Don't Know/Not Sure Go to Q 27 | 7 | 7 |
| Refused Go to Q 27 | 9 | 9 |

Ask Q 24 only if answer to Q 23 is running, jogging, walking, or swimming. All others, go to Q 25.

24. How far did you usually walk/run/jog/swim? (56-58)

See coding list B if response is not in miles and tenths.

| | |
|---------------------|--|
| Miles and tenths | |
| Don't know/Not sure | $\overline{7} \overline{7} \overline{7}$ |
| Refused | 9 9 9 |

25. How many times per week or per month did you take part in this activity during the past month? (59-61)

| | |
|---------------------|---------------------------------------|
| a. Times per week | 1 $\overline{\quad} \overline{\quad}$ |
| b. Times per month | 2 $\overline{\quad} \overline{\quad}$ |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

26. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (62-64)

| | |
|---------------------|---|
| Hours and minutes | |
| Don't know/Not sure | $\overline{\quad} \overline{\quad} \overline{\quad} \overline{\quad}$ |
| Refused | 9 9 9 |

27. Was there another physical activity or exercise that you participated in during the last month? 5)

| | |
|---------------------------------------|---|
| a. Yes | 1 |
| b. No Go to Q 32 | 2 |
| Don't know/Not sure Go to Q 32 | 7 |
| Refused Go to Q 32 | 9 |

28. What other type of physical activity gave you the next most exercise during the past month? (66-67)

| | |
|--|-------------------------------------|
| Activity (specify): $\underline{\hspace{2cm}}$ | $\overline{\quad} \overline{\quad}$ |
| See coding list A | |
| Don't Know/Not Sure Go to Q32 | 7 7 |
| Refused Go to Q32 | 9 9 |

Ask Q 29 only if answer to Q 28 is running, jogging, walking, or swimming. All others go to Q 30.

29. How far did you usually walk/run/jog/swim? (68-70)

See coding list B if response is not in miles and tenths

Miles and tenths

Don't know/Not sure

Refused

$\frac{\text{---}}{7} \frac{\text{---}}{7} \frac{\text{---}}{7}$
9 9 9

30. How many times per week or per month did you take part in this activity? (71-73)

a. Times per week

b. Times per month

Don't know/Not sure

Refused

1 $\frac{\text{---}}{7} \frac{\text{---}}{7}$
2 $\frac{\text{---}}{7} \frac{\text{---}}{7}$
7 $\frac{\text{---}}{7} \frac{\text{---}}{7}$
9 9 9

31. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (74-76)

Hours and minutes

Don't know/Not sure

Refused

$\frac{\text{---}}{7} : \frac{\text{---}}{7} \frac{\text{---}}{7}$
9 9 9

Section 5: Physical Activity at Work (Washington)

These next questions are about “moderate physical activity” that you do during your regular job.

“Moderate physical activity” is any activity which makes your heart beat faster and you breath harder or you sweat. Some examples are brisk walking, moving heavy boxes or climbing stairs.

32. During the past seven days did you perform any moderate physical activity during your regular job?

a. Yes

c. No, did no activity on the job **Go to Q 35**

d. No, don't have a regular job **Go to Q 35**

e. No, didn't go to regular job in the past 7 days **Go to Q 35**

Don't know/Not sure **Go to Q 35**

Refused **Go to Q 35**

1
2
3
4
7
9

33. During the past seven days how many days did you take part in moderate physical activity during your regular job? **IF “everyday,” PROBE: How many days would that be?**

- | | | | |
|----|---|---|---|
| a. | Number of days out of last seven days (1-7) | | |
| b. | No work in past 7 days Go to Q 35 | 8 | 8 |
| | Don't know/Not sure | 7 | 7 |
| | Refused | 9 | 9 |

34. During the past seven days, on an average day that you were active on your job, how much total time did you spend doing moderate physical activities? Would you say...

- | | | |
|----|----------------------------------|---|
| a. | Less than 30 minutes | 1 |
| b. | 30 minutes to less than one hour | 2 |
| c. | One hour to less than two hours | 3 |
| d. | Two or more hours | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Now, on a different note:

35. Thinking back over the past 7 days, whether on your job or in your spare time, on how many days did you do any activity specifically to increase muscle strength or muscle tone, such as weight lifting, squats, pull ups, push ups, or sit ups? **IF “everyday,” PROBE: How many days would that be?**

- | | | | |
|----|---|---|---|
| a. | Number of days out of last seven days (1-7) | | |
| b. | None in last seven days | 8 | 8 |
| | Don't know/Not sure | 7 | 7 |
| | Refused | 9 | 9 |

Section 6: Tobacco Use

36. Have you smoked at least 100 cigarettes in your entire life?

(77)

5 packs = 100 cigarettes

- | | | |
|----|---------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q 41 | 2 |
| | Don't know/Not sure Go to Q 41 | 7 |
| | Refused Go to Q 41 | 9 |

37. Do you now smoke cigarettes everyday, some days, or not at all?

(78)

- | | | |
|----|------------------------------|---|
| a. | Everyday | 1 |
| b. | Some days Go to Q 38a | 2 |
| c. | Not at all Go to Q 40 | 3 |
| | Refused Go to Q 41 | 9 |

38. On the average, about how many cigarettes a day do you now smoke?

(79-80)

1 pack = 20 cigarettes

- | | | | |
|--|---------------------------------------|---|---|
| Number of cigarettes [76 = 76 or more] | | — | — |
| Go to Q 39 | | | |
| | Don't know/Not sure Go to Q 39 | 7 | 7 |
| | Refused Go to Q39 | 9 | 9 |

38a. On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

(81-82)

1 pack = 20 cigarettes

- | | | | |
|--|---------------------------------------|---|---|
| Number of cigarettes [76 = 76 or more] | | — | — |
| Go to Q 41 | | | |
| | Don't know/Not sure Go to Q 41 | 7 | 7 |
| | Refused Go to Q 41 | 9 | 9 |

39. During the past 12 months, have you quit smoking for 1 day or longer?

(83)

- | | | |
|----|---------------------------------------|---|
| a. | Yes Go to Q 41 | 1 |
| b. | No Go to Q 41 | 2 |
| | Don't know/Not sure Go to Q 41 | 7 |
| | Refused Go to Q 41 | 9 |

40. About how long has it been since you last smoked cigarettes regularly, that is, daily? (84-85)

| | | |
|----|--|-----|
| | Time code | — — |
| | Read Only if Necessary | |
| a. | Within the past month (0 to 1 month ago) | 0 1 |
| b. | Within the past 3 months (1 to 3 months ago) | 0 2 |
| c. | Within the past 6 months (3 to 6 months ago) | 0 3 |
| d. | Within the past year (6 to 12 months ago) | 0 4 |
| e. | Within the past 5 years (1 to 5 years ago) | 0 5 |
| f. | Within the past 15 years (5 to 15 years ago) | 0 6 |
| g. | 15 or more years ago | 0 7 |
| | Don't know/Not sure | 7 7 |
| | Never smoked regularly | 8 8 |
| | Refused | 9 9 |

41. Have you ever smoked a cigar, even just a few puffs? (86)
cigar = large cigar cigarillo, or small cigar

| | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| | Don't know/Not sure Go to next section | 7 |
| | Refused Go to next section | 9 |

42. When was the last time you smoked a cigar? (87-88)

| | | |
|----|--|-----|
| | Read Only if Necessary | |
| a. | Within the past month (0 to 1 month ago) | 0 1 |
| b. | Within the past 3 months (1 to 3 months ago) | |
| | Go to Section next section | 0 2 |
| c. | Within the past 6 months (3 to 6 months ago) | |
| | Go to Section next section | 0 3 |
| d. | Within the past year (6 to 12 months ago) | |
| | Go to Section next section | 0 4 |
| e. | Within the past 5 years (1-5 years ago) | |
| | Go to Section next section | 0 5 |
| f. | Within the past 15 years (5-15 years ago) | |
| | Go to Section next section | 0 6 |
| g. | 15 or more years ago Go to next section | 0 7 |
| | Don't know/not sure Go to next section | 7 7 |
| | Refused Go to Section next section | 9 9 |

43. In the past month, did you smoke cigars: (89)

Please Read

- | | |
|------------------------------------|---|
| a. Everyday | 1 |
| b. Several times per week | 2 |
| c. Once per week | 3 |
| or | |
| d. Less than once per week | 4 |
| Do not read these responses | |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 7: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods you eat, both at home and away from home.

44. How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- | | | | |
|---------------------|---|---|---|
| a. Per day | 1 | — | — |
| b. Per week | 2 | — | — |
| c. Per month | 3 | — | — |
| d. Per year | 4 | — | — |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

45. Not counting juice, how often do you eat fruit? (93-95)

- | | | | |
|---------------------|---|---|---|
| a. Per day | 1 | — | — |
| b. Per week | 2 | — | — |
| c. Per month | 3 | — | — |
| d. Per year | 4 | — | — |
| e. Never | 5 | 5 | 5 |
| Don't know/Not sure | 7 | 7 | 7 |
| Refused | 9 | 9 | 9 |

46. How often do you eat green salad? (96-98)

- | | | | | |
|----|---------------------|---|---|---|
| a. | Per day | 1 | — | — |
| b. | Per week | 2 | — | — |
| c. | Per month | 3 | — | — |
| d. | Per year | 4 | — | — |
| e. | Never | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

47. How often do you eat potatoes not including french fries, fried potatoes, or potato chips? (99-101)

- | | | | | |
|----|---------------------|---|---|---|
| a. | Per day | 1 | — | — |
| b. | Per week | 2 | — | — |
| c. | Per month | 3 | — | — |
| d. | Per year | 4 | — | — |
| e. | Never | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

48. How often do you eat carrots? (102-104)

- | | | | | |
|----|---------------------|---|---|---|
| a. | Per day | 1 | — | — |
| b. | Per week | 2 | — | — |
| c. | Per month | 3 | — | — |
| d. | Per year | 4 | — | — |
| e. | Never | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

49. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? **Example: A serving of vegetables at both lunch and dinner would be two servings.** (105-107)

- | | | | | |
|----|---------------------|---|---|---|
| a. | Per day | 1 | — | — |
| b. | Per week | 2 | — | — |
| c. | Per month | 3 | — | — |
| d. | Per year | 4 | — | — |
| e. | Never | 5 | 5 | 5 |
| | Don't know/Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

SECTION 8: Osteoporosis: Dietary Calcium

50. How many servings of milk or milk products do you usually consume each day or week?
Examples of one serving would be 8 oz. of milk or yogurt or 2 slices of cheese.

| | | | | |
|----|---------------------------|---|---|---|
| a. | Number of times per day | 1 | — | — |
| b. | Number of times per week | 2 | — | — |
| c. | Number of times per month | 3 | — | — |
| d. | Never | 5 | 5 | 5 |
| | Don't know / Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

51. How many times per day, week or month do you use calcium supplements? By calcium supplement we mean a pill that contains large amounts of calcium such as Tums, Rolaids, Oscal, or Caltrate.

| | | | | |
|----|---------------------------|---|---|---|
| a. | Number of times per day | 1 | — | — |
| b. | Number of times per week | 2 | — | — |
| c. | Number of times per month | 3 | — | — |
| d. | Never | 5 | 5 | 5 |
| | Don't know / Not sure | 7 | 7 | 7 |
| | Refused | 9 | 9 | 9 |

Section 9: Weight Control

52. Are you now trying to lose weight? (108)

| | | |
|----|----------------------|---|
| a. | Yes Go to Q54 | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

53. Are you now trying to maintain your current weight, that is to keep from gaining weight? (109)

- | | | |
|----|---------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q 56 | 2 |
| | Don't know/Not sure Go to Q 56 | 7 |
| | Refused Go to Q 56 | 9 |

54. Are you eating either fewer calories or less fat to...

lose weight? [if "Yes" on Q52]

keep from gaining weight? [if "Yes" on Q53] (110)

- | | | |
|-----------------|----------------------------------|---|
| Probe for which | | |
| a. | Yes, fewer calories | 1 |
| b. | Yes, less fat | 2 |
| c. | Yes, fewer calories and less fat | 3 |
| d. | No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

55. Are you using physical activity or exercise to...

lose weight? [if "Yes" on Q52]

keep from gaining weight? [if "Yes" on Q53] (111)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

56. In the past 12 months, has a doctor, nurse, or other health professional given you advice about your weight? (112)

Probe for which

- | | | |
|----|------------------------------|---|
| a. | Yes, lose weight | 1 |
| b. | Yes, gain weight | 2 |
| c. | Yes, maintain current weight | 3 |
| d. | No | 4 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

57. In the past two years, have you taken any weight loss pills prescribed by a doctor? (113)
Do not include water pills or thyroid medications.

Include only pills taken for the primary purpose of losing weight

Probe for which

- | | |
|--|---|
| a. Yes, I am currently taking them | 1 |
| b. Yes, I have taken them but I am not currently taking them | 2 |
| c. No, I have not taken them Go to next section | 3 |
| Don't know/Not sure Go to next section | 7 |
| Refused Go to next section | 9 |

58. How much did you weigh just before you started taking prescription weight loss pills for the first time? (114-116)

Round fractions up

- | | |
|---------------------|---|
| Weight (pounds) | |
| Don't know/Not sure | $\frac{7}{9}$ $\frac{7}{9}$ $\frac{7}{9}$ |
| Refused | $\frac{7}{9}$ $\frac{7}{9}$ $\frac{7}{9}$ |

Section 10: Demographics

59. What is your age? (117-118)

- | | |
|--------------------------------------|-----------------------------|
| Code age in years | |
| Don't know/Not sure Go to 59a | $\frac{0}{9}$ $\frac{7}{9}$ |
| Refused Go to 59a | $\frac{0}{9}$ $\frac{7}{9}$ |

- 59a. In which of these age categories do you belong?

Please Read

- | | |
|------------------|---|
| 18-24 (21) | 1 |
| 25-34 (30) | 2 |
| 35-44 (40) | 3 |
| 45-54 (50) | 4 |
| 55-64 (60) | 5 |
| 65-74 (70) | 6 |
| 75 or older (80) | 7 |
| Refused | 9 |

60. What is your race? (119)

IF "HISPANIC" PROBE: "Are you white-Hispanic, black-Hispanic, Asian Hispanic, Pacific Islander and Hispanic, American Indian and Hispanic, Alaska Native and Hispanic, or other race and Hispanic?"

Would you say: **Please Read**

- | | |
|-----------------------------------|---|
| a. White | 1 |
| b. Black | 2 |
| c. Asian, Pacific Islander | 3 |
| d. American Indian, Alaska Native | 4 |
| or | |
| e. Other: (specify)_____ | 5 |

Do not read these responses

- | | |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused | 9 |

61. Are you of Spanish or Hispanic origin? **IF "HISPANIC" TO Q. 60, CODE "YES" WITHOUT ASKING** (120)

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

62. Are you: (121)

Please Read

- | | |
|--|---|
| a. Married Go to Q 64 | 1 |
| b. Divorced Go to Q 64 | 2 |
| c. Widowed Go to Q 64 | 3 |
| d. Separated Go to Q 64 | 4 |
| e. Never been married Go to Q 64 | 5 |
| or | |
| f. A member of an unmarried couple Go to Q 63 | 6 |
| Refused Go to Q 64 | 9 |

63. Are you living with your partner now?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

64. How many children live in your household who are...

Code 1-9. 7 = 7 or more; 8 = None; 9 = Refused

Please Read

- | | | | |
|----|--------------------------|---|-------|
| a. | less than 5 years old? | — | (122) |
| b. | 5 through 12 years old? | — | (123) |
| c. | 13 through 17 years old? | — | (124) |

65. What is the highest grade or year of school you completed?

(125)

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Never attended school or only kindergarten | 1 |
| b. | Grades 1 through 8 (Elementary) | 2 |
| c. | Grades 9 through 11 (Some high school) | 3 |
| d. | Grade 12 or GED (High school graduate) | 4 |
| e. | College 1 year to 3 years (Some college or technical school) | 5 |
| f. | College 4 years or more (College graduate) | 6 |
| | Refused | 9 |

66. Are you currently:

(126)

Please Read

- | | | |
|--------------|----------------------------------|---|
| a. | Employed for wages | 1 |
| b. | Self-employed | 2 |
| c. | Out of work for more than 1 year | 3 |
| d. | Out of work for less than 1 year | 4 |
| e. | Homemaker | 5 |
| f. | Student | 6 |
| g. | Retired | 7 |
| or h. | Unable to work | 8 |
| | Refused | 9 |

IF NOT EMPLOYED, Code 3-9, Q 66, Go to Q 69

IF EMPLOYED, Code 1-2, Q.66, ask:

67. What kind of business or industry do you work in?

99 = REFUSED

68. What is your job title? IF NO JOB TITLE, SAY: What type of work do you do?

88 = OWNER/PROPRIETOR/SELF-EMPLOYED, 99 = REFUSED

69. Is your annual household income from all sources: (127-128)

IF NEEDED: annual household income before taxes

If respondent refuses at any income level, code refused

Read as Appropriate

- | | |
|---|-----|
| a. Less than \$25,000 If "no," ask e; if "yes," ask b (\$20,000 to less than \$25,000) | 0 4 |
| b. Less than \$20,000 If "no," code a; if "yes," ask c (\$15,000 to less than \$20,000) | 0 3 |
| c. Less than \$15,000 If "no," code b; if "yes," ask d (\$10,000 to less than \$15,000) | 0 2 |
| d. Less than \$10,000 If "no," code c | 0 1 |
| e. Less than \$35,000 If "no," ask f (\$25,000 to less than \$35,000) | 0 5 |
| f. Less than \$50,000 If "no," ask g (\$35,000 to less than \$50,000) | 0 6 |
| g. Less than \$75,000 If "no," code h (\$50,000 to \$75,000) | 0 7 |
| h. \$75,000 or more | 0 8 |

Do not read these responses

| | |
|---------------------|-----|
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

70. About how much do you weigh without shoes? **Round fractions up** (129-131)

Weight (pounds)

| | |
|---------------------|---|
| Don't know/Not sure | $\frac{7}{9}$ $\frac{7}{9}$ $\frac{7}{9}$ |
| Refused | 9 9 9 |

71. How much would you like to weigh? (132-134)

Weight (pounds)

| | |
|---------------------|---|
| Don't know/Not sure | $\frac{7}{9}$ $\frac{7}{9}$ $\frac{7}{9}$ |
| Refused | 9 9 9 |

72. About how **tall** are you without shoes? **Round fractions down.** (135-137)

| | |
|-----------------------------|---|
| Height (ft/ <u>inches</u>) | <u> </u> / <u> </u> <u> </u> <u> </u> |
| Don't know/Not sure | 7 7 7 |
| Refused | 9 9 9 |

73. What county do you live in? (138-140)

| | | | | | |
|----------|-----|--------------|-----|-------------|-----|
| Adams | 001 | Grays Harbor | 027 | Pierce | 053 |
| Asotin | 003 | Island | 029 | San Juan | 055 |
| Benton | 005 | Jefferson | 031 | Skagit | 057 |
| Chelan | 007 | King | 033 | Skamania | 059 |
| Clallam | 009 | Kitsap | 035 | Snohomish | 061 |
| Clark | 011 | Kittitas | 037 | Spokane | 063 |
| Columbia | 013 | Klickitat | 039 | Stevens | 065 |
| Cowlitz | 015 | Lewis | 041 | Thurston | 067 |
| Douglas | 017 | Lincoln | 043 | Wahkiakum | 069 |
| Ferry | 019 | Mason | 045 | Walla Walla | 071 |
| Franklin | 021 | Okanogan | 047 | Whatcom | 073 |
| Garfield | 023 | Pacific | 049 | Whitman | 075 |
| Grant | 025 | Pend Oreille | 051 | Yakima | 077 |

| | |
|---------------------|---|
| FIPS county code | <u> </u> <u> </u> <u> </u> |
| Don't know/not sure | 7 7 7 |
| Refused | 9 9 9 |

74. What is your ZIP code? **IF NEEDED SAY: I mean the ZIP code of your residence, that is, where you live.**

| | |
|--------------------|---|
| Don't know/Refused | 9 <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> |
| | 9 9 9 9 9 |

75. Do you have more than one telephone number in your household? (141)
- | | |
|---------------------------|---|
| a. Yes | 1 |
| b. No Go to Q 77 | 2 |
| Refused Go to Q 77 | 9 |

76. How many residential telephone numbers do you have? (142)

Exclude dedicated fax and computer lines; exclude cell phones.

Total telephone numbers [**8 = 8 or more**]

Refused 9

77. Indicate sex of respondent. **Ask Only if Necessary** (143)

Male **Go to Section 13: HIV/AIDS** 1

Female 2

Now I have some questions about other health services you may have received.

Section 11: Women's Health

78. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (144)

a. Yes 1

b. No **Go to Q 81** 2

Don't know/Not sure **Go to Q 81** 7

Refused **Go to Q 81** 9

79. How long has it been since you had your last mammogram? (145)

Read only if Necessary

a. Within the past year (1 to 12 months ago) 1

b. Within the past 2 years (1 to 2 years ago) 2

c. Within the past 3 years (2 to 3 years ago) 3

d. Within the past 5 years (3 to 5 years ago) 4

e. 5 or more years ago 5

Don't know/Not sure 7

Refused 9

80. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (146)

a. Routine checkup 1

b. Breast problem other than cancer 2

c. Had breast cancer 3

Don't know/Not sure 7

Refused 9

81. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. Have you ever had a clinical breast exam? (147)

- | | | |
|----|---------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q 84 | 2 |
| | Don't know/Not sure Go to Q 84 | 7 |
| | Refused Go to Q 84 | 9 |

82. How long has it been since your last breast exam? (148)

- | | | |
|-------------------------------|--|---|
| Read Only if Necessary | | |
| a. | Within the past year (1 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 3 years (2 to 3 years ago) | 3 |
| d. | Within the past 5 years (3 to 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

83. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer? (149)

- | | | |
|----|----------------------------------|---|
| a. | Routine Checkup | 1 |
| b. | Breast problem other than cancer | 2 |
| c. | Had breast cancer | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

84. A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? (150)

- | | | |
|----|---------------------------------------|---|
| a. | Yes | 1 |
| b. | No Go to Q 87 | 2 |
| | Don't know/Not sure Go to Q 87 | 7 |
| | Refused Go to Q 87 | 9 |

85. How long has it been since you had your last Pap smear? (151)

Read Only if Necessary

- | | | |
|----|--|---|
| a. | Within the past year (1 to 12 months ago) | 1 |
| b. | Within the past 2 years (1 to 2 years ago) | 2 |
| c. | Within the past 3 years (2 to 3 years ago) | 3 |
| d. | Within the past 5 years (3 to 5 years ago) | 4 |
| e. | 5 or more years ago | 5 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

86. Was your last Pap smear done as part of a routine exam, or to check a current or previous problem? (152)

- | | | |
|----|-----------------------------------|---|
| a. | Routine exam | 1 |
| b. | Check current or previous problem | 2 |
| | Other | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

87. Have you had a hysterectomy? **IF NEEDED: A hysterectomy is an operation to remove the uterus (womb)** (153)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

IF AGE 18-44 AND HAD A HYSTERECTOMY, (Q. 87 = 1), GO TO 89a.

IF AGE 45-50, GO TO SECTION 12: HIV Testing and Counseling In Pregnancy

IF OVER AGE 50, GO TO SECTION 13: HIV/AIDS

88. To your knowledge, are you now pregnant? (154)

- | | | |
|----|------------------------|---|
| a. | Yes Go to Q 89b | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 12: HIV Testing and Counseling in Pregnancy

89a. Have you been pregnant at any time since January 1992? **If “Yes, I’m pregnant now” ask Q 89b.**

89b. Have you been pregnant any other time since January, 1992?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| | Don't know/Not sure Go to next section | 7 |
| | Refused Go to next section | 9 |

90. What is the month and year that your last pregnancy ended? Please consider all pregnancies.

| | |
|---------------------|---|
| Code Month and Year | |
| Don't Know/Not Sure | $\frac{7}{9} \frac{7}{9} / \frac{7}{9} \frac{7}{9}$ |
| Refused | |

91. At any time during your last pregnancy, did you visit a doctor, midwife or clinic for prenatal (pregnancy-related) care?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Next section | 2 |
| c. | No, pregnancy ended early as a result of a miscarriage/abortion Go to Next section | 3 |
| | Don't know/Not sure Go to Next section | 7 |
| | Refused Go to Next section | 9 |

92. Which of the following is the main place that you received prenatal care?
READ a-h:

- | | | |
|----|---|----|
| a. | Community Health Center Clinic | 1 |
| b. | Health department clinic | 2 |
| c. | Family planning clinic or prenatal clinic | 3 |
| d. | Public hospital clinic | 4 |
| e. | Private doctor | 5 |
| f. | Private group practice, including a clinic or private hospital clinic | 6 |
| g. | HMO or other prepaid group practice | 7 |
| h. | Or somewhere else (SPECIFY:) | 8 |
| | Don't know/Not sure | 77 |
| | Refused | 99 |

93. At any time during your pregnancy, did this health care provider discuss HIV or AIDS with you?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

94. At any time during your last pregnancy, did this health care provider offer to test you for HIV?

- | | |
|---------------------|---|
| a. Yes | 1 |
| b. No | 2 |
| Don't know/Not sure | 7 |
| Refused | 9 |

Section 13: HIV/AIDS

If respondent is 65 years old or older, go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

95. If you had a child in school, at what grade do you think he or she should begin receiving education in school about HIV infection and AIDS? (155-156)

Code 01 through 12

- | | |
|--|----|
| a. First grade (age 6-7) | 01 |
| b. Second grade (age 7-8) | 02 |
| c. Third grade (age 8-9) | 03 |
| d. Fourth grade (age 9-10) | 04 |
| e. Fifth grade (age 10-11) | 05 |
| f. Sixth grade (age 11-12) | 06 |
| g. Seventh grade (age 12-13) | 07 |
| h. Eighth grade (age 13-14) | 08 |
| i. Ninth grade (freshman) (age 14-15) | 09 |
| j. Tenth grade (sophomore) (age 15-16) | 10 |
| k. Eleventh grade (junior) (age 16-17) | 11 |
| l. Twelfth grade (senior) (age 17-18) | 12 |
| m. Kindergarten (age 5-6) | 55 |
| n. Never | 88 |
| Don't know/Not sure | 77 |
| Refused | 99 |

96. If you had a teenager who was sexually active, would you encourage him or her to use a condom? (157)

- | | | |
|----|-------------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| c. | Would give other advice | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

97. What are your chances of getting infected with HIV, the virus that causes AIDS? (158)

- Would you say: **Please Read**
- | | | |
|----|------------------------------------|---|
| a. | High | 1 |
| b. | Medium | 2 |
| c. | Low | 3 |
| | or | |
| d. | None | 4 |
| | Not applicable Go to Q101a | 5 |
| | Do not read these responses | |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

98. Have you donated blood since March 1985? (159)

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Q 100a | 2 |
| | Don't know/Not sure Go to Q 100a | 7 |
| | Refused Go to Q 100a | 9 |

99. Have you donated blood in the past 12 months? (160)

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

100. Except for tests you may have had as part of blood donations, have you ever been tested for HIV? **IF NEEDED: Include saliva tests** (161)

- | | | | |
|----|---------------------|--------------------------|---|
| a. | Yes | Go to Q 101 | 1 |
| b. | No | Go to Section 14: Asthma | 2 |
| | Don't know/Not sure | Go to Section 14: Asthma | 7 |
| | Refused | Go to Section 14: Asthma | 9 |

100a. Have you ever been tested for HIV? **IF NEEDED: Include saliva tests** (162)

- | | | | |
|----|---------------------|--------------------------|---|
| a. | Yes | Go to Q101a | 1 |
| b. | No | Go to Section 14: Asthma | 2 |
| | Don't know/Not sure | Go to Section 14: Asthma | 7 |
| | Refused | Go to Section 14: Asthma | 9 |

101. Not including your blood donations, have you been tested for HIV in the past 12 months? (163)

Include saliva tests

- | | | | |
|----|---------------------|--------------------------|---|
| a. | Yes | Go to Q102 | 1 |
| b. | No | Go to Section 14: Asthma | 2 |
| | Don't know/Not sure | Go to Section 14: Asthma | 7 |
| | Refused | Go to Section 14: Asthma | 9 |

101a. Have you been tested for HIV in the past 12 months? (164)

Include saliva tests

- | | | | |
|----|---------------------|--------------------------|---|
| a. | Yes | | 1 |
| b. | No | Go to Section 14: Asthma | 2 |
| | Don't know/Not sure | Go to Section 14: Asthma | 7 |
| | Refused | Go to Section 14: Asthma | 9 |

102. What was the main reason you had your last test for HIV?

(165-166)

| Reason code | | |
|---------------------------------|---|-----|
| Read Only if Necessary | | -- |
| a. | For hospitalization or surgical procedure | 0 1 |
| b. | To apply for health insurance | 0 2 |
| c. | To apply for life insurance | 0 3 |
| d. | For employment | 0 4 |
| e. | To apply for a marriage license | 0 5 |
| f. | For military induction or military service | 0 6 |
| g. | For immigration | 0 7 |
| h. | Just to find out if you were infected | 0 8 |
| i. | Because of referral by a doctor | 0 9 |
| j. | Because of pregnancy | 1 0 |
| k. | Referred by your sex partner | 1 1 |
| l. | Because it was part of a blood donation process | |
| Go to Section 16: Asthma | | 1 2 |
| m. | For routine check-up | 1 3 |
| n. | Because of occupational exposure | 1 4 |
| o. | Because of illness | 1 5 |
| p. | Because I am at risk for HIV | 1 6 |
| q. | Other | 8 7 |
| | Don't know/Not sure | 7 7 |
| | Refused | 9 9 |

103. Where did you have your last test for HIV? (167-168)

| Facility Code | | — | — |
|-------------------------------|---|---|---|
| Read Only if Necessary | | | |
| a. | Private doctor, HMO | 0 | 1 |
| b. | Blood bank, plasma center, Red Cross | 0 | 2 |
| c. | Health department | 0 | 3 |
| d. | AIDS clinic, counseling, testing site | 0 | 4 |
| e. | Hospital, emergency room, outpatient clinic | 0 | 5 |
| f. | Family planning clinic | 0 | 6 |
| g. | Prenatal clinic, obstetrician's office | 0 | 7 |
| h. | Tuberculosis clinic | 0 | 8 |
| i. | STD clinic | 0 | 9 |
| j. | Community health clinic | 1 | 0 |
| k. | Clinic run by employer | 1 | 1 |
| l. | Insurance company clinic | 1 | 2 |
| m. | Other public clinic | 1 | 3 |
| n. | Drug treatment facility | 1 | 4 |
| o. | Military induction or military service site | 1 | 5 |
| p. | Immigration site | 1 | 6 |
| q. | At home, home visit by nurse or health worker | 1 | 7 |
| r. | At home using self-sampling kit | 1 | 8 |
| s. | In jail or prison | 1 | 9 |
| t. | Other | 8 | 7 |
| | Don't know/Not sure | 7 | 7 |
| | Refused | 9 | 9 |

104. Did you receive the results of your last test? (169)

| | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to Section 14: Asthma | 2 |
| | Don't know/Not sure Go to Section 14: Asthma | 7 |
| | Refused Go to Section 14: Asthma | 9 |

105. Did you receive counseling or talk with a health care professional about the results of your test? (170)

| | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 14: ASTHMA

106. Has a doctor or other health care professional ever told you that you have asthma?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Q 108 | 2 |
| | Don't know/Not Sure Go to Q 108 | 7 |
| | Refused Go to Q 108 | 9 |

107. How old were you the first time this happened?

- | | | | |
|--------|---------------------|---|-----|
| Years: | | | |
| | Don't know/Not Sure | 7 | 7 7 |
| | Refused | 9 | 9 9 |

IF THERE ARE NO CHILDREN IN THE HOUSEHOLD (Q. 64 a-c = 8), GO TO NEXT SECTION.

108. Has a doctor ever said that one of the children currently living in your household has asthma?

- | | | |
|----|---|---|
| a. | Yes | 1 |
| b. | No Go to next section | 2 |
| | Don't know/Not Sure Go to next section | 7 |
| | Refused Go to next section | 9 |

109. If yes, how old is this child (are these children)? **Enter count for each age grouping.**
IF NEEDED: "How many are . . . (read age range)?"

- | | | |
|----|--------------------------|-----|
| | Number of children | |
| a. | Less than 5 years old? | — — |
| b. | 5 through 12 years old? | — — |
| c. | 13 through 17 years old? | — — |
| | Don't know/Not Sure | 7 7 |
| | Refused | 9 9 |

Section 15: Smokeless Tobacco (Optional Module)

110. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

Probe for chewing tobacco, snuff or both

- | | | |
|----|---|---|
| a. | Yes, chewing tobacco | 1 |
| b. | Yes, snuff | 2 |
| c. | Yes, both | 3 |
| d. | No, neither Go to Next Section | 4 |
| | Don't know/Not sure Go to Next Section | 7 |
| | Refused Go to Next Section | 9 |

111. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? **“Yes” includes occasional use.**

- | | | |
|----|--|---|
| a. | Yes, chewing tobacco | 1 |
| b. | Yes, snuff | 2 |
| c. | Yes, both | 3 |
| d. | No, neither Go to Next Module | 4 |
| | Don't know/Not sure Go to Next Module | 7 |
| | Refused Go to Next Module | 9 |

Section 16: Heart Disease/Stroke Prevalence and Prevention

To lower your risk of developing heart disease or stroke, are you ?

| | <u>Please Read</u> | <u>Yes</u> | <u>No</u> | <u>Dk/Ns</u> | <u>Ref</u> |
|------|--|------------|-----------|--------------|------------|
| 112. | Eating fewer high fat or high cholesterol foods? | 1 | 2 | 7 | 9 |
| 113. | Exercising more? | 1 | 2 | 7 | 9 |
| 114. | Eating more fruits and vegetables? | 1 | 2 | 7 | 9 |

Has a doctor ever told you that you had any of the following..

| | <u>Please Read</u> | <u>Yes</u> | <u>No</u> | <u>Dk/Ns</u> | <u>Ref</u> |
|------|--|------------|-----------|--------------|------------|
| 115. | Heart attack or myocardial infarction? | 1 | 2 | 7 | 9 |
| 116. | Angina or coronary heart disease? | 1 | 2 | 7 | 9 |
| 117. | Stroke? | 1 | 2 | 7 | 9 |

Section 17: Osteoporosis: Estrogen replacement

IF RESPONDENT IS MALE (Q. 77 = 1), GO TO NEXT SECTION.

IF RESPONDENT IS AGE 65 OR OLDER, GO TO Q 119.

The next few questions are about menopause, or what some women refer to as the "change of life."

118. Have you gone through or are you now going through menopause? **PROBE TO FIT**

- | | | |
|----|----------------------------------|---|
| a. | Yes, have gone through menopause | 1 |
| b. | Yes, now going through menopause | 2 |
| c. | No | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
- Go to Next Module**
- Go to Next Module**
- Go to Next Module**

119. Estrogens, such as Premarin, and progestins, such as Provera, are female hormones that may be prescribed around the time of menopause, after menopause, or after a hysterectomy. Has your doctor discussed the benefits and risks of estrogen with you?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

120. Commercial names for estrogen PILLS include Estrace, Premarin, and Ogen. Other than birth control pills, has your doctor ever prescribed estrogen pills for you? **Do not include estrogen patches. IF NEEDED: Ortho-est , Estratest and Raloxifene (ral OX i fene) are other names.**

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |
- Go to Next Module**
- Go to Next Module**

121. Are you currently taking estrogen pills? **Remember, do not include estrogen patches.**

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

| |
|-----------------------------|
| SKIP TO NEXT SECTION |
|-----------------------------|

Section 18: UNINTENTIONAL INJURY: DROWNING- *[Withdrawn pending funding]*

122. Now on a different topic, thinking back over the past 12 months, have you been on any water in a small boat under 20 feet in length, such as a raft, canoe, kayak, or small motor boat? **IF NEEDED: Small motor boats less than 20 feet long can usually hold 4 to 6 people in good weather. Use your best estimate; if you THINK you've been in a 20 foot boat, that's fine.**

- | | | | |
|----|----------------------|---------------------------|---|
| a. | Yes | | 1 |
| b. | No | Go to next section | 2 |
| | Don't know/ Not sure | Go to next section | 7 |
| | Refused | Go to next section | 9 |

123. When you are in a boat less than 20 feet long, how often do you wear a life vest? Would you say . . . **READ a - e**

- | | | | |
|----|-------------------------|--|---|
| a. | Always | | 1 |
| b. | More than half the time | | 2 |
| c. | About half the time | | 3 |
| d. | Less than half the time | | 4 |
| e. | Never | | 5 |
| | Don't know/Not sure | | 7 |
| | Refused | | 9 |

124. During the **last** 12 months, have you ever gone out in small boat when you have had perhaps too much to drink?

- | | | | |
|----|----------------------|---------------------------|---|
| a. | Yes | | 1 |
| b. | No | Go to next section | 2 |
| | Don't know/ Not sure | Go to next section | 7 |
| | Refused | Go to next section | 9 |

125. How many times did this happen? **IF NEEDED: In the last 12 months when you went out in a boat and had perhaps too much to drink.**

- | | | | |
|--------|------------|--|----|
| Number | | | — |
| | Don't know | | 98 |
| | Refused | | 99 |

Section 19: HUNGER

126. The next few questions are about hunger, or not having enough food to eat. In the past 30 days, have you been concerned about having enough food for you or your family?

- | | | |
|----|----------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/ Not sure | 7 |
| | Refused | 9 |

127. In the past 30 days, did you skip any meals because there wasn't enough food or money to buy food?

- | | | |
|----|------------------------------|---|
| a. | Yes Go to Q 128. | 1 |
| b. | No Go to next section | 2 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

128. In the past 30 days, were there any days when you did not eat at all because there wasn't any food or money to buy food?

- | | | |
|----|-----------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know / Not sure | 7 |
| | Refused | 9 |

Section 20: HEALTH CARE USE -

129. Now I am going to ask you some questions about the health care you receive.
How would you rate your satisfaction with your overall health care?

Would you say: Please read

- | | | |
|----|-----------|---|
| a. | Excellent | 1 |
| b. | Very Good | 2 |
| c. | Good | 3 |
| d. | Fair | 4 |
| | or | |
| e. | Poor | 5 |

Do not read these responses

- | | | |
|--|--|---|
| | Not applicable/don't use any health services | 8 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

130. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?

- | | | | |
|----|---------------------|--------------------------|---|
| a. | Yes | Go to Q. 133 | |
| b. | More than one place | Go to Q. 132 | |
| c. | No | | 3 |
| | Don't know/Not sure | Go to Next Module | 7 |
| | Refused | Go to Next Module | 9 |

131. What is the main reason you do not have a usual source of medical care?

- | | | | |
|----|---|--------------------------|-----|
| a. | Two or more usual places | | 0 1 |
| b. | Have not needed a doctor | Go to Next Module | 0 2 |
| c. | Do not like/trust/believe in doctors | Go to Next Module | 0 3 |
| d. | Do not know where to go. | Go to Next Module | 0 4 |
| e. | Previous doctor is not available/moved | Go to Next Module | 0 5 |
| f. | No insurance/cannot afford | Go to Next Module | 0 6 |
| g. | Speak a different language | Go to Next Module | 0 7 |
| h. | No place is available/close enough/convenient | Go to Next Module | 0 8 |
| i. | Other | Go to Next Module | 0 9 |
| | Don't know/Not sure | Go to Next Module | 7 7 |
| | Refused | Go to Next Module | 9 9 |

132. Is there one of these places that you go to most often when you are sick or need advice about your health?

- | | | | |
|----|---------------------|--------------------------|---|
| a. | Yes | | 1 |
| b. | No | Go to Next Module | 2 |
| | Don't know/Not sure | Go to Next Module | 7 |
| | Refused | Go to Next Module | 9 |

133. What kind of place is it – Would you say . . .

Please Read

- | | |
|-------------------------------------|---|
| a. A doctor's office or HMO | 1 |
| b. A clinic or health center | 2 |
| c. A hospital outpatient department | 3 |
| d. A hospital emergency room | 4 |
| e. An urgent care center | 5 |
| or | |
| f. Some other kind of place | 8 |

Do not read these responses

- | | |
|---------------------|-----|
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

134. Is there one particular doctor or health professional who you usually go to when you need routine medical care? **If "no," ask "Is there more than one or is there no usual doctor who you go to?"**

- | | |
|--|---|
| a. Yes, only one | 1 |
| b. More than one Go to Next Module | 2 |
| c. No Go to Next Module | 3 |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

135. When did you last change doctors? **"Doctors" includes other health professionals**

Read only if necessary

- | | |
|---|---|
| a. Within the past year (1 to 12 months ago) | 1 |
| b. Within the past 2 years (1 to 2 years ago) | 2 |
| c. Within the past 3 years (2 to 3 years ago) | 3 |
| d. Within the past 5 years (3 to 5 years ago) | 4 |
| e. 5 or more years ago | 5 |
| f. Never Go to Next Module | 8 |
| Don't know/Not sure Go to Next Module | 7 |
| Refused Go to Next Module | 9 |

136. Why did you change doctors that last time? **"Doctors" includes other health professionals**

- | | |
|--|-----|
| a. Changed residence or moved | 0 1 |
| b. Changed jobs | 0 2 |
| c. Changed health care coverage | 0 3 |
| d. Provider moved or retired | 0 4 |
| e. Dissatisfied with former provider or liked new provider better | 0 5 |
| f. Former provider no longer reimbursed by my health care coverage | 0 6 |
| g. Owed money to former provider | 0 7 |
| h. Medical care needs changed | 0 8 |
| i. Other | 8 7 |
| Don't know/Not sure | 7 7 |
| Refused | 9 9 |

SKIP TO NEXT SECTION

Section 21: SF-12 - [*Withdrawn pending funding*]

The next questions are about your personal health. I'm going to read you a list of activities you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, a little, or does not limit you at all.

137. First, moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health limit you a lot, a little or not limit you at all?

If respondent says she or he doesn't do the activity, probe with: "If you tried to do any moderate activities, would you be limited a lot, limited a little or not at all limited?"

- | | |
|---------------------------|---|
| a. Yes, limited a lot | 1 |
| b. Yes, limited a little | 2 |
| c. No. Not limited at all | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

138. Next, climbing several flights of stairs. Does your health limit you a lot, a little or not limit you at all?

If respondent says she or he doesn't do the activity, probe with: "If you tried to climb several flights of stairs, would you be limited a lot, limited a little or not at all limited?"

- | | |
|---------------------------|---|
| a. Yes, limited a lot | 1 |
| b. Yes, limited a little | 2 |
| c. No. Not limited at all | 3 |
| Don't know/Not sure | 7 |
| Refused | 9 |

The two questions ask you about your physical health and your daily activities.

139. During the past four weeks, have you accomplished less than you would like as a result of your physical health?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

140. During the past four weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

The next questions ask about your emotions and your daily activities.

141. During the past four weeks, have you accomplished less than you would like as a result of any emotional problems such as feeling depressed or anxious?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

142. During the past four weeks, did you not do work or other regular daily activities as carefully as usual as a result of any emotional problems such as feeling depressed or anxious?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

143. During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere . . .

Please read:

- | | | |
|----|-----------------|---|
| a. | Not at all | 1 |
| b. | Slightly | 2 |
| c. | Moderately | 3 |
| d. | Quite a bit, or | 4 |
| e. | Extremely | 5 |

Do not read

- | | |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused | 9 |

These next questions are about how you feel and how things have been with you during the past four weeks. As I read each statement, please give the one answer that comes closest to the way you have been feeling: is it all of the time, most of the time, a good bit of the time, some of the time, a little of the time or none of the time?

144. *[How much of the time during the past four weeks]* . . . have you felt calm and peaceful?

Please read . . .

- | | | |
|----|------------------------|---|
| a. | All of the time | 1 |
| b. | Most of the time | 2 |
| c. | A good bit of the time | 3 |
| d. | Some of the time | 4 |
| e. | A little of the time | 5 |
| f. | None of the time | 6 |

Do not read

- | | |
|---------------------|---|
| Don't Know/Not Sure | 7 |
| Refused | 9 |

145. *[How much of the time during the past four weeks]* . . . did you have a lot of energy?

Please read . . .

- | | | |
|----|------------------------|---|
| a. | All of the time | 1 |
| b. | Most of the time | 2 |
| c. | A good bit of the time | 3 |
| d. | Some of the time | 4 |
| e. | A little of the time | 5 |
| f. | None of the time | 6 |

Do not read

- | | |
|---------------------|---|
| Don't Know/Not Sure | 7 |
| Refused | 9 |

146. *[How much of the time during the past four weeks]* . . . have you felt downhearted and blue?

Please read . . .

- | | | |
|----|------------------------|---|
| a. | All of the time | 1 |
| b. | Most of the time | 2 |
| c. | A good bit of the time | 3 |
| d. | Some of the time | 4 |
| e. | A little of the time | 5 |
| f. | None of the time | 6 |

Do not read

- | | |
|---------------------|---|
| Don't Know/Not Sure | 7 |
| Refused | 9 |

147. *[During the past four weeks, how much of the time]* . . . has your physical health or emotional health interfered with your social activities like visiting with friends or relatives? Has it interfered . . .? **Please read . . .**

- | | | |
|----|------------------------|---|
| a. | All of the time | 1 |
| b. | Most of the time | 2 |
| c. | A good bit of the time | 3 |
| d. | Some of the time | 4 |
| e. | A little of the time | 5 |
| f. | None of the time | 6 |

Do not read

- | | |
|---------------------|---|
| Don't Know/Not Sure | 7 |
| Refused | 9 |

END OF SKIPPED QUESTIONS

Section 22: FIREARM SAFETY

The next questions are about safety and firearms. Firearms include weapons such as pistols, shotguns, and rifles. In answering the questions, do not include BB guns, starter pistols, or guns that cannot fire.

148. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to Next Module | 2 |
| | Don't know/Not sure Go to Next Module | 7 |
| | Refused Go to Next Module | 9 |

149. Are any of the firearms handguns, such as pistols or revolvers?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

150. Are any of the firearms long guns, such as rifles or shotguns?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

The next questions are about firearm storage.

151. Is there a firearm in or around your home that is now loaded ?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

152. Is there a firearm in or around your home that is now unlocked? **NOTE: IF THE RESPONDENT ASKS WHAT THE TERMS “LOCKED” OR “UNLOCKED” MEAN, THE INTERVIEWER SHOULD SAY: A “locked” firearm means a gun with a trigger lock kept in a locked position or a gun kept in a box, cabinet or other area accessible only by a key or combination.**

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

ASK Q 153 ONLY IF THE RESPONDENT ANSWERS “Yes” TO Q 151 AND Q 152. OTHERWISE, GO TO Q 154.

You've indicated that you have an unlocked gun and a loaded gun, my next question is:

153. Is there a firearm in or around your home that is now both loaded and unlocked?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

**Read following if "employed" (code 1) or "self-employed" (code 2) on core Q. 66.
Otherwise, go directly to Q. 154.**

The next 2 questions are about using firearms. If you are a police officer or have another occupation that requires and authorizes you to use a firearm, do not include firearm use associated with your job.

154. During the last 30 days, have you carried a loaded firearm on your person, outside of the home for protection against people?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

155. During the last 12 months, have you confronted another person with a firearm, even if you did not fire it, to protect yourself, your property, or someone else?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 23: Environmental Quality: DRINKING WATER

The next few questions ask about water quality.

156. What is the source of your home's drinking water? Does it come from a . . .

READ a-d:

- | | | | |
|----|---|---------------------------|---|
| a. | City or district supply | Go to next section | 1 |
| b. | Community system | Go to next section | 2 |
| | IF NEEDED: | | |
| | Community systems usually serve fewer than 100 households. | | |
| c. | Private well | | 3 |
| d. | Or some other source (SPECIFY) | Go to next section | |
| | IF NEEDED: Such as rivers, lakes or springs | | |
| | Don't know/Not sure | Go to next section | 7 |
| | Refused | Go to next section | 9 |

157. Has your well water ever been tested?

- | | | | |
|----|--|---------------------------|---|
| a. | Yes | 1 | |
| b. | No | Go to next section | 2 |
| c. | New well, has not been tested | Go to next section | 3 |
| d. | New well, don't know if it has been tested | Go to next section | 4 |
| | Don't know/Not sure | Go to next section | 7 |
| | Refused | Go to next section | 9 |

158. About how long has it been since it was tested? Would you say. . .**READ a-c**

- | | | |
|----|-------------------------|---|
| a. | Within the last 3 years | 1 |
| b. | 4 to 5 years ago | 2 |
| c. | Over 5 years ago | 3 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

159. Did the results from well testing indicate the presence of any contaminants?

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 24: Physical Activity Knowledge

The next few questions are about moderate physical activity. As we said earlier, this is any activity which makes your heart beat faster, makes you breathe harder, or makes you sweat. Some examples are brisk walking, gardening and washing the car.

160. Do you know if there are recommendations for how much moderate physical activity people should get to be healthy?

- | | | |
|----|--|---|
| a. | Yes | 1 |
| b. | No Go to next module | 2 |
| | Don't know/Not sure Go to next module | 7 |
| | Refused Go to next module | 9 |

161. At a minimum what is the recommended number of days a week that a person should do activities like these to be healthy?

- | | | |
|----|--------------------------------|---------------|
| a. | Number of days in a week (1-7) | <u> </u> |
| b. | None Go to next section | 8 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

162. On those days, how much time is recommended for a person to spend being physically active?
NOTE: RECORD MINUTES OR HOURS BUT NOT BOTH.

- | | | |
|----|---------------------|---------------------------------|
| a. | Number of minutes | 1 <u> </u> <u> </u> |
| b. | Number of hours | 2 <u> </u> <u> </u> |
| | Don't know/Not sure | 7 <u> </u> <u> </u> <u> </u> |
| | Refused | 9 <u> </u> <u> </u> <u> </u> |

Section 25: PHYSICAL ASSAULT AGAINST INTIMATE PARTNERS

IF marital status = married (Q63 = 1) or living together as unmarried couple (Q 63 = 5 and Q 64 = 1), say:

Now could you think about situations in the past year when you had a disagreement with your spouse or partner. Could you tell us how many times in the past year each of the following things happened? Also, if something didn't happen in the last year, could you tell us whether it has ever happened? Remember, your answers are confidential. You don't have to answer a question if you don't want to or if you feel unsafe. You can stop the interview at any time. May I read the first one? **If respondent says "yes," go to Q. 163. If respondent says "no," go to next section.**

If marital status = divorced, widowed, separated, never been married or have an unmarried partner, but not living together (Q 63 = 2, 3, 4, 5 or 9; or Q 63 = 6 and Q 64 = 2, 7, or 9), say:

Now could you think about situations in the past when you had a disagreement with a spouse or partner. **(IF NEEDED: a partner is a current or former spouse, live-in partner, boyfriend, girlfriend or date.)** Could you tell if each of the following has ever happened to you? Remember, your answers are confidential. You don't have to answer a question if you don't want to or if you feel unsafe. You can stop the interview at any time. May I read the first one? **If respondent says "yes," go to Q. 163A. If respondent says "no," go to next section.**

The next few questions ask about physical assaults.

163. In the past year, how many times has your partner kicked, bit, or hit you with a fist? **IF NEEDED: In the past year, "Partner" means your current live-in partner or spouse.**

- a. Number of times in the past year _____
- b. None **PROBE:** Has this ever happened to you, with any partner? _____
IF NEEDED: - "any partner" means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.
- c. Yes, but not in past year 9 9 5
- d. No, Never 9 9 6
Don't know 9 9 7
Refused 9 9 9

164. *[In the past year, how many times has . . .]* Your partner hit or tried to hit you with something? **IF NEEDED: In the past year, "Partner" means your current live-in partner or spouse.**

- a. Number of times in the past year _____
- b. None **PROBE:** Has this ever happened to you, with any partner? _____
IF NEEDED: "any partner" means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.
- c. Yes, but not in past year 9 9 5
- d. No, Never 9 9 6
Don't know 9 9 7
Refused 9 9 9

165. [In the past year, how many times has . . .] Your partner beat you up? **IF NEEDED: In the past year, “Partner” means your current live-in partner or spouse.**

- a. Number of times in the past year _____
- b. None **PROBE:** Has this ever happened to you, with any partner?
IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.
- c. Yes, but not in past year 9 9 5
- d. No, Never 9 9 6
Don’t know 9 9 7
Refused 9 9 9

166. [In the past year, how many times has . . .] Your partner threatened you with a gun or knife? **IF NEEDED: In the past year, “Partner” means your current live-in partner or spouse.**

- a. Number of times in the past year _____
- b. None **PROBE:** Has this ever happened to you, with any partner?
IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.
- c. Yes, but not in past year 9 9 5
- d. No, Never 9 9 6
Don’t know 9 9 7
Refused 9 9 9

167. [In the past year, how many times has . . .] Your partner used a gun or knife? **IF NEEDED: Used a gun or knife against you.**
IF NEEDED: In the past year, “Partner” means your current live-in partner or spouse.

- a. Number of times in the past year _____
- b. None **PROBE:** Has this ever happened to you, with any partner?
IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.
- c. Yes, but not in past year 9 9 5
- d. No, Never 9 9 6
Don’t know 9 9 7
Refused 9 9 9

The next few questions ask about injuries you may have received. You don't have to answer a question if you don't want to or *if you feel unsafe and you can stop the interview at any time*

168. [*In the past year, how many times have . . .*] You had a sprain, bruise, or small cut because your partner hurt you? **IF NEEDED: In the past year, “Partner” means your current live-in partner or spouse.**

- | | | |
|----|---|-------|
| a. | Number of times in the past year | _____ |
| b. | None PROBE: Has this <u>ever</u> happened to you, with any partner? | _____ |
| | IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date. | |
| c. | Yes, but not in past year | 9 9 5 |
| d. | No, Never | 9 9 6 |
| | Don’t know | 9 9 7 |
| | Refused | 9 9 9 |

169. [*In the past year, how many times have . . .*] You felt physical pain that still hurt the next day because your partner hurt you? **IF NEEDED: In the past year, “Partner” means your current live-in partner or spouse.**

- | | | |
|----|---|-------|
| a. | Number of times in the past year | _____ |
| b. | None PROBE: Has this <u>ever</u> happened to you, with any partner? | _____ |
| | IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date. | |
| c. | Yes, but not in past year | 9 9 5 |
| d. | No, Never | 9 9 6 |
| | Don’t know | 9 9 7 |
| | Refused | 9 9 9 |

170. [*In the past year, how many times have . . .*] You passed out from being hit on the head by your partner? **IF NEEDED: In the past year, “Partner” means your current live-in partner or spouse.**

- | | | |
|----|---|-------|
| a. | Number of times in the past year | _____ |
| b. | None PROBE: Has this <u>ever</u> happened to you, with any partner? | _____ |
| | IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date. | |
| c. | Yes, but not in past year | 9 9 5 |
| d. | No, Never | 9 9 6 |
| | Don’t know | 9 9 7 |
| | Refused | 9 9 9 |

171. [*In the past year, how many times have . . .*] You gone to a doctor because your partner hurt you? **IF NEEDED: In the past year, “Partner” means your current live-in partner or spouse.**

- a. Number of times in the past year _____
- b. None **PROBE:** Has this ever happened to you, with any partner?
IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.
- c. Yes, but not in past year 9 9 5
- d. No, Never 9 9 6
Don’t know 9 9 7
Refused 9 9 9

172. [*In the past year, how many times have . . .*] You needed to see a doctor because your partner hurt you, but you didn’t? **IF NEEDED: In the past year, “Partner” means your current live-in partner or spouse.**

- a. Number of times in the past year _____
- b. None **PROBE:** Has this ever happened to you, with any partner?
IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.
- c. Yes, but not in past year 9 9 5
- d. No, Never 9 9 6
Don’t know 9 9 7
Refused 9 9 9

173. [*In the past year, how many times have . . .*] You had a broken bone because your partner hurt you? **IF NEEDED: In the past year, “Partner” means your current live-in partner or spouse.**

- a. Number of times in the past year _____
- b. None **PROBE:** Has this ever happened to you, with any partner?
IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.
- c. Yes, but not in past year 9 9 5
- d. No, Never 9 9 6
Don’t know 9 9 7
Refused 9 9 9

GO TO Q. 174

(If Q 65, marital status = divorced, widowed, separated or never been married, ask 164A - 174A)

The next few questions ask about physical assaults.

163A Has any partner **ever** kicked, bit, or hit you with a fist?

IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

164A. Has any partner **ever** hit or tried to hit you with something?.

IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

165A. Has a partner **ever** beat you up?

IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

166A. Has a partner **ever** threatened you with a gun or knife?

IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

167A. Has a partner **ever** used a gun or knife? **IF NEEDED: Used a gun or knife against you.**
IF NEEDED: “any partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

The next few questions ask about injuries you may have received. You don't have to answer a question if you don't want to or *if you feel unsafe and you can stop the interview at any time*

168A. Have you **ever** had a sprain, bruise, or small cut because a partner hurt you?
IF NEEDED: “partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

169A. Have you **ever** felt physical pain that still hurt the next day because a partner hurt you?
IF NEEDED: “partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

170A. Have you **ever** passed out from being hit on the head by a partner?.
IF NEEDED: “partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

171A. Have you **ever** gone to a doctor because a partner hurt you?

IF NEEDED: “partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

172A. Have you **ever** needed to see a doctor because a partner hurt you, but you didn't?

IF NEEDED: “partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

173A. Have you **ever** had a broken bone because a partner hurt you?

IF NEEDED: “partner” means an intimate partner such as a current or former spouse, live-in partner, boyfriend, girlfriend or date.

- | | | |
|----|------------|---|
| a. | Yes | 1 |
| b. | No, Never | 2 |
| | Don't know | 7 |
| | Refused | 9 |

174. These issues are sometimes difficult and uncomfortable to talk about. I really appreciate your answering these questions. If you or anyone you know is ever in immediate danger, they can call 911 or the local police. There is a confidential, multilingual hotline to help anyone who is being hurt or threatened by an intimate partner. The hotline's number - if you'd like to write it down - is 1-800-562-6025.

- | | | |
|----|---------------------|---|
| a. | Yes | 1 |
| b. | No | 2 |
| | Don't know/Not sure | 7 |
| | Refused | 9 |

Section 28: Interview

My last questions are about the interview itself.

[Randomly assign interview to 174a (easy) or 174b (difficult)]

174a. In general, how many of the questions were easy to answer? Would you say . . . **Read a - e:**

- | | | |
|------------------------------------|---------------------|---|
| a. | All | 1 |
| b. | Nearly all | 2 |
| c. | Some | 3 |
| d. | Only a few | 4 |
| e. | None | 5 |
| Do not read these responses | | |
| | Don't know/Not Sure | 7 |
| | Refused | 9 |

174b. In general, how many of the questions were difficult to answer? Would you say
Read a - e:

- | | | |
|------------------------------------|---------------------|---|
| a. | All | 1 |
| b. | Nearly all | 2 |
| c. | Some | 3 |
| d. | Only a few | 4 |
| e. | None | 5 |
| Do not read these responses | | |
| | Don't know/Not Sure | 7 |
| | Refused | 9 |

175. Was there any one question that was very difficult for you to answer?

- | | | |
|----|--|----|
| a. | Yes Which one was it? [Type Respondent's answer:] | 01 |
| b. | _____ | 88 |
| | Don't know/ Not Sure | 77 |
| | Refused | 99 |

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health and safety practices of people in our state. Your name will not be used. Thank you very much for your time and cooperation.